

# MISSOURI DEPARTMENT OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

**-63-013318**

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **318**

**FILED MAR 28 1963**

Primary Registration District No.

**1003**

Registrar's No.

**3408**

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in lb <b>12 yrs.</b>	c. CITY OR TOWN <b>Aftton</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Park Side Manor N. Home</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>7005 Deerpath Drive</b>
3. NAME OF DECEASED (Type or print) First <b>EMILY</b> Middle <b>F.</b> Last <b>GUEMMER</b>		4. DATE OF DEATH Month <b>March</b> Day <b>22</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/19/86</b>
9. AGE (last birthday) <b>77 yrs.</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>California, Missouri</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Rev. John Griebel</b>	
13b. MOTHER'S MAIDEN NAME <b>Flora Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Rev. Martin H. A. Guemmer</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mr. Harold Kalbfleisch, 7005 Deerpath (23)</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): <b>Shock</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Terminal</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <b>Cerebral vascular accident - Recurrent</b>			<b>one month</b>
DUE TO (c) <b>Arteriosclerotic Heart Dis.</b>			<b>3 yrs.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Permanant Anemia - Montoxic State</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>420°</b>	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>Nov. 28 1962</b> to <b>March 22 1963</b> and last saw her alive on <b>March 11 1963</b> Death occurred at <b>March 22 1963 11:40 P. m</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>H K Robert</b> (Degree or title) <b>M D</b>		22b. ADDRESS <b>110 S. Central Clayton Mo</b>	22c. DATE SIGNED <b>3-24-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>March 25, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri.</b>
24. FUNERAL DIRECTOR <b>Beiderwieden F.H.Inc., 1936 St. Louis (6)</b>		25. DATE RECD. BY LOCAL REG. <b>MAR 25 1963</b>	26. REGISTRAR'S SIGNATURE <b>Earl Smith. M.D.</b>

USE BLACK INK  
OR  
TYPEWRITER RIBBON

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Dr. Harold K. Roberts  
110 So. Central Pa. 5-6303  
Mo. 1:30-5 Mon. Wed. & Fri.  
9-12 Tu & Sat  
Res. 434 So. Maryland  
Pa. 1-5210

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.